Philippine Health Insurance Corporation

PhilHealth Regional Office IV-B

PURCHASE ORDER

Supplier ALTA GRACIA PURIFIED DRINKING WATER	PO No.	12-04-09
Address M.A. Building, Libjo Central, Batangas City	Date	April 24, 2012
Tel./Fax No. 706-0841 / 723-7913	Terms of Payment	on account
Supplier Registered with:	Mode of Procurement	LOCAL SHOPPING

Please deliver to this office within 10 days from receipt hereof the following:

NO	QTY. UNIT		ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	200 cont	Purified Water-Refill		33.00	6,600.00	
			nothing follows			
			for consumption of PRO IV-B for the			,
			month of April 2012			
			-			
				3		
			Less: WVAT 5%	330.00		
			EVAT 1%	66.00		396.0
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0 10						
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			*reference RIV # 2012-04-04 dated April 2, 2012			
OTAL						6,204.00

Conditions:

- 1. The agency shall impose penalty in an amount equivalent to 1/10 percent of the total value of undelivered order for each day of the delay as liquidated damages.
- 2. Render your bills in triplicate copies including the original.
- 3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed on the 10th working day from the date of the approval of the P.O.
- 4. For imported items,IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of P 6,600.00	ARACELI J. LAINEZ
	Division Chief IV - MSD
11 Annation	

CATALINA R. AMATUS
Fiscal Controller IV

APPROVED:

Very truly yours,

PAOLO JOHANN C. PEREZ Regional Vice-President

Date approved:

CONFORME:

Received copy of P.O. on May 17 2012

Manie A Ganzales

Printed Name and Signature